

Slate Mailer Organization Campaign Statement

(Government Code Sections 84218-84219)

Type or print in ink.

COVER PAGE

SEE INSTRUCTIONS ON REVERSE

Statement Covers Period

from 07/01/2017

through 12/31/2017

Date Stamp

CALIFORNIA
1992 FORM **401**

1/8

FOR OFFICIAL USE ONLY

I Slate Mailer Organization Information

FULL NAME OF SLATE MAILER ORGANIZATION:

California Senior Advocates League Voter Guide

ID NUMBER

1368249

ADDRESS NO AND STREET

CITY STATE ZIP CODE PHONE NUMBER

Sacramento CA 95833

NAME OF TREASURER:

Brian T. Hildreth

ADDRESS NO AND STREET

CITY STATE ZIP CODE DAYTIME PHONE NUMBER

Sacramento CA 95814

II Is This A General Purpose Committee?

If this Slate Mailer Organization is also a "general purpose committee" as defined in Government Code Section 82027.5, check box and attach the committee's campaign disclosure report to this statement.

☐

Committee Report
Attached

☐

ID Number if
Recipient Committee

III Summary of Payments

	(A) Total This Period	(B) Cumulative to Date (Since January 1 of calendar year covered)
1 TOTAL PAYMENTS RECEIVED	\$ <u>72095.00</u> Sch. A, Line 3	\$ <u>116597.00</u>
2 TOTAL PAYMENTS MADE	\$ <u>2060.40</u> Sch. B, Line 3	\$ <u>6917.69</u>

IV Verification

I have used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 01/23/2018 At Sacramento By Brian T. Hildreth CA
DATE CITY AND STATE SIGNATURE OF RESPONSIBLE OFFICER

Name of Responsible Officer Brian T. Hildreth CA Title: Treasurer
TYPE OR PRINT

FOR INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE

INFORMATION MANUAL ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT FOR SLATE MAILER ORGANIZATIONS.

State of California Fair Political Practices Commission

Schedule A Payments Received

SCHEDULE A

Statement covers period from 07/01/2017 through 12/31/2017	CALIFORNIA 1992 FORM 401
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SEE INSTRUCTIONS ON REVERSE

NAME OF SLATE MAILER ORGANIZATION:

California Senior Advocates League Voter Guide

I.D NUMBER

1368249

(1)	(2)	(3)		(4)	(5)
DATE RECEIVED	IDENTIFICATION OF PERSONS FROM WHOM \$100 OR MORE HAS BEEN RECEIVED THIS PERIOD (SEE IMPORTANT INSTRUCTIONS ON REVERSE)	(a)	(b)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE AMOUNT RECEIVED SINCE JANUARY 1 PER CANDIDATE
		NAME, OFFICE SOUGHT, AND JURISDICTION OF CANDIDATE/ NAME, JURISDICTION, AND NUMBER OR LETTER OF BALLOT MEASURE SUPPORTED OR OPPOSED (IF DIFFERENT THAN COLUMN 2)	CHECK BOX TO INDICATE IF PAYMENT WAS RECEIVED TO SUPPORT OR OPPOSE CANDIDATE OR MEASURE INCLUDED IN SLATE MAILER		
			SUPPORT	OPPOSE	
07/13/2017 	Harrington 4 OC Sheriff 2018 Santa Ana CA 92705 Reference No:	David Harrington Sheriff-Coroner Orange County	X		2198.00 2198.00
08/03/2017 	Galgiani for State Board of Equali - zation 2018 Long Beach CA 90802 Reference No:	Cathleen Galgiani Board of Equalization Member	X		16875.00 21875.00
08/03/2017 	Ricardo Lara for Insurance Commiss - ioner 2018 Sacramento CA 95814 Reference No:	Ricardo Lara Insurance Commissioner	X		5000.00 20000.00

SUBTOTAL

\$

Summary

- Amount Received - Payments of \$100 or More
(Include all Schedule A subtotals) \$ 72095.00
- Amount Received - Payments of Less than \$100
(Not itemized) \$ 0.00
- Total Payments Received (Line 1 + Line 2) Enter here and in
Column A, Line 1, of the Summary of Payments section on Page 1 \$ 72095.00

Schedule A Payments Received

SCHEDULE A

Statement covers period from 07/01/2017 through 12/31/2017	CALIFORNIA 1992 FORM 401
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NAME OF SLATE MAILER ORGANIZATION:

California Senior Advocates League Voter Guide

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1368249

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		NAME, OFFICE SOUGHT, AND JURISDICTION OF CANDIDATE/ NAME, JURISDICTION, AND NUMBER OR LETTER OF BALLOT MEASURE SUPPORTED OR OPPOSED (IF DIFFERENT THAN COLUMN 2)	CHECK BOX TO INDICATE IF PAYMENT WAS RECEIVED TO SUPPORT OR OPPOSE CANDIDATE OR MEASURE INCLUDED IN SLATE MAILER		
			SUPPORT OPPOSE		
08/25/2017 	Lynn Compton for Supervisor 2018 Sacramento CA 95814 Reference No:	Lynn Compton County Supervisor San Luis Obispo County	X	1147.00	1147.00
08/25/2017 	Paramount Communications Hollister CA 95203 Reference No:	Dr. James Veltmeyer Other -- House of Representatives California	X	1381.00	1381.00
09/15/2017 	Lisa Bartlett for Supervisor 2018 Irvine CA 92618 Reference No:	Lisa Bartlett County Supervisor Orange County	X	2501.00	2501.00

SUBTOTAL

\$

Summary

- Amount Received - Payments of \$100 or More
(Include all Schedule A subtotals) \$ _____
- Amount Received - Payments of Less than \$100
(Not itemized) \$ _____
- Total Payments Received (Line 1 + Line 2) Enter here and in
Column A, Line 1, of the Summary of Payments section on Page 1 \$ _____

Schedule A Payments Received

SCHEDULE A

Statement covers period from 07/01/2017 through 12/31/2017	CALIFORNIA 1992 FORM 401
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California Senior Advocates League Voter Guide

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1368249

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DATE RECEIVED	IDENTIFICATION OF PERSONS FROM WHOM \$100 OR MORE HAS BEEN RECEIVED THIS PERIOD (SEE IMPORTANT INSTRUCTIONS ON REVERSE)	(a)	(b)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE AMOUNT RECEIVED SINCE JANUARY 1 PER CANDIDATE
		NAME, OFFICE SOUGHT, AND JURISDICTION OF CANDIDATE/ NAME, JURISDICTION, AND NUMBER OR LETTER OF BALLOT MEASURE SUPPORTED OR OPPOSED (IF DIFFERENT THAN COLUMN 2)	CHECK BOX TO INDICATE IF PAYMENT WAS RECEIVED TO SUPPORT OR OPPOSE CANDIDATE OR MEASURE INCLUDED IN SLATE MAILER		
			SUPPORT OPPOSE		
09/18/2017 	Ed Hernandez for Lieutenant Govern - or 2018 La Puente CA 91744 Reference No:	Edward P. Hernandez Lieutenant Governor	X	18000.00	23000.00
10/02/2017 	Ricardo Lara for Insurance Commiss - ioner 2018 Sacramento CA 95814 Reference No:	Ricardo Lara Insurance Commissioner	X	10000.00	20000.00
10/30/2017 	Parrish for Orange County Assessor 2018 Santa Ana CA 92705 Reference No:	Claude Parrish Assessor Orange County	X	1922.00	2422.00

SUBTOTAL

\$

Summary

- Amount Received - Payments of \$100 or More
(Include all Schedule A subtotals) \$ _____
- Amount Received - Payments of Less than \$100
(Not itemized) \$ _____
- Total Payments Received (Line 1 + Line 2) Enter here and in
Column A, Line 1, of the Summary of Payments section on Page 1 \$ _____

Schedule A Payments Received

SCHEDULE A

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>	CALIFORNIA 1992 FORM 401
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I.D NUMBER 1368249	

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NAME OF SLATE MAILER ORGANIZATION:

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(1)	(2)	(3)		(4)	(5)
DATE RECEIVED	IDENTIFICATION OF PERSONS FROM WHOM \$100 OR MORE HAS BEEN RECEIVED THIS PERIOD (SEE IMPORTANT INSTRUCTIONS ON REVERSE)	(a)	(b)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE AMOUNT RECEIVED SINCE JANUARY 1 PER CANDIDATE
		NAME, OFFICE SOUGHT, AND JURISDICTION OF CANDIDATE/ NAME, JURISDICTION, AND NUMBER OR LETTER OF BALLOT MEASURE SUPPORTED OR OPPOSED (IF DIFFERENT THAN COLUMN 2)	CHECK BOX TO INDICATE IF PAYMENT WAS RECEIVED TO SUPPORT OR OPPOSE CANDIDATE OR MEASURE INCLUDED IN SLATE MAILER		
			SUPPORT OPPOSE		
11/06/2017 	McNamara for Mayor 2018 Sacramento CA 95815 Reference No:	Paul McNamara Mayor City of Escondido	X	491.00	491.00
11/20/2017 	Paul Cook for Congress San Bernardino CA 92408 Reference No:	Paul Cook Other -- House of Representatives California	X	925.00	925.00
12/11/2017 	Steve Bernal Sheriff 2018 King City CA 93930 Reference No:	Steve Bernal Sheriff-Coroner Monterey County	X	1964.00	1964.00

SUBTOTAL

\$

Summary

- Amount Received - Payments of \$100 or More
(Include all Schedule A subtotals) \$ _____
- Amount Received - Payments of Less than \$100
(Not itemized) \$ _____
- Total Payments Received (Line 1 + Line 2) Enter here and in
Column A, Line 1, of the Summary of Payments section on Page 1 \$ _____

Schedule A Payments Received

SCHEDULE A

Statement covers period from 07/01/2017 through 12/31/2017	CALIFORNIA 1992 FORM 401
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NAME OF SLATE MAILER ORGANIZATION:

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1368249

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		NAME, OFFICE SOUGHT, AND JURISDICTION OF CANDIDATE/ NAME, JURISDICTION, AND NUMBER OR LETTER OF BALLOT MEASURE SUPPORTED OR OPPOSED (IF DIFFERENT THAN COLUMN 2)	CHECK BOX TO INDICATE IF PAYMENT WAS RECEIVED TO SUPPORT OR OPPOSE CANDIDATE OR MEASURE INCLUDED IN SLATE MAILER			
			SUPPORT	OPPOSE		
12/12/2017 	Inland Empire Taxpayers Associatio - n Riverside CA 92501 Reference No:	Jason Anderson District Attorney San Bernardino County	X		5500.00	5500.00
12/26/2017 	Friends of Stan Sniff for Sheriff-Coroner 2018 Riverside CA 92507 Reference No:	Stan Sniff Sheriff-Coroner Riverside County	X		3401.00	3401.00
12/29/2017 	McNally Temple Associates, Inc. Sacramento CA 95811 Reference No:	Jeff Reisig District Attorney Yolo County	X		790.00	790.00

SUBTOTAL

\$ 72095.00

Summary

- Amount Received - Payments of \$100 or More
(Include all Schedule A subtotals) \$ _____
- Amount Received - Payments of Less than \$100
(Not itemized) \$ _____
- Total Payments Received (Line 1 + Line 2) Enter here and in
Column A, Line 1, of the Summary of Payments section on Page 1 \$ _____

Schedule B Payments Made

SCHEDULE B

Statement covers period from 07/01/2017 through 12/31/2017	CALIFORNIA 1992 FORM 401
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I.D NUMBER 1368249	

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NAME OF SLATE MAILER ORGANIZATION:

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NAME AND STREET ADDRESS OF PAYEE	DESCRIPTION OF PAYMENT	AMOUNT PAID
Bell,McAndrews & Hiltachk,LLP Sacramento CA 95814 Reference No:	Legal & Accounting Services and Expenses	102.00
Bell,McAndrews & Hiltachk,LLP Sacramento CA 95814 Reference No:	Legal & Accounting Services and Expenses	535.50
Bell,McAndrews & Hiltachk,LLP Sacramento CA 95814 Reference No:	Legal & Accounting Services and Expenses	178.50
Bell,McAndrews & Hiltachk,LLP Sacramento CA 95814 Reference No:	Legal & Accounting Services and Expenses	1244.40

Summary

	SUBTOTAL	\$	2060.40
1. Payments of \$100 or More (Include all Schedule B subtotals)	\$		2060.40
2. Payments under \$100 This Period (Not itemized)	\$		0.00
3. Total Payments This Period (Line 1 + Line 2). Enter here and in Column A, Line 2, of the Summary of Payments section on Page 1.	\$		2060.40

Schedule C
Persons Receiving
\$1,000 Or More

SCHEDULE C

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA 1992 FORM	401
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I.D. NUMBER 1368249	

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You must identify each individual listed on your Statement of Organization (Form 400) who received, directly or indirectly, \$1,000 or more from the organization during the period. (See instructions on reverse regarding "indirect" payments.)

NAMES OF INDIVIDUALS RECEIVING \$1,000 OR MORE	AMOUNT THIS PERIOD	CUMULATIVE SINCE JANUARY 1
Bell,McAndrews & Hiltachk,LLP	102.00	5917.69
Bell,McAndrews & Hiltachk,LLP	178.50	5917.69
Bell,McAndrews & Hiltachk,LLP	535.50	5917.69
Bell,McAndrews & Hiltachk,LLP	1244.40	5917.69